

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/23/05</u>		2 Serial/Patent # <u>10/522/67</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing <u>Fee Change</u>			\$ <u>100.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
7 TOTAL AMOUNT OF REFUND			\$ <u>100.00</u>
8 TO BE REFUNDED BY: <u>CC</u>			
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <u>119--4880</u>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: